femininity and motherhood", "fear of aging", "female shame and taboo", and the two main categories included "lack of awareness as a relationship parasite" and "destructive resistance".

**Conclusions:** The findings of the research indicate that the family members' lack of knowledge about this period and the prevailing culture of female shame and the taboo of women's bodies make the family unable to provide the necessary support to menopausal women. On the other hand, keeping menopause a secret and emphasizing on maintaining pre-menopausal conditions by women is a destructive resistance that ultimately leads to psychological damage to them. Therefore, it is suggested that in addition to holding training programs for women in order to enter and face this period properly, trainings should also be considered for other family members and especially husbands (men). It seems that family members can play an effective role in various stages of menopause, including preparation and psychological adaptation of women by receiving correct training.

**Disclosure of Interest:** None Declared

## EPP1087

### Expectant Fathers' Mental Health History Predicts Actual Depressive Symptomatology in Pregnant Women

M. Bottaro[1]*, I. G. Ylmaz-Karaman[2], L. Orsolini[1], S. Pompili[1], S. Bellagamba[1], S. Pacini Biagiotti[1] and U. Volpe[1]

[1]University Psychiatric Clinic, Department of Clinical Neuroscience/DIMSC, Università Politecnica delle Marche, Ancona, Italy and [2]Department of Psychiatry, Faculty of Medicine, Eskişehir Osmangazi University, Eskişehir, Türkiye
*Corresponding author.

**Introduction:** Peripartum period is a risky period for mental ill health among women. Biologically endocrinal changes, pregnancy complications, and lack of sleep due to childcare may increase psychopathology. From a social perspective, there is a role translation from women into mother, which is highly demanding. Moreover, the psychological approach underlines interpersonal relationships during the peripartum period. Even though the clinical focus is on postpartum depression, research shows its roots in pregnancy depression.

**Objectives:** The present study aims to detect predisposing factors to pregnancy depression.

**Methods:** One hundred-six pregnant women admitted to Salesi Pediatric Hospital of Ancona, participated in the study between April 2021- February 2022. Participants completed the sociodemographic form and Edinburgh Postpartum Depression Scale (EPDS). EPDS scores higher than or equal to 9 are considered psychometric depression.

**Results:** The mean age of participants were $33.30 \pm 4.64$. Most were Italian (97.2%) and cohabiting/married (97.2%). Almost half of the participants were university graduates (50.9%). 84% were employed. The pregnant women were predominantly in the third trimester (71.7%). 58.5% had no children before. No participants were using alcohol or drugs. Pregnancy depression was 13.2% prevalent (See Table 1). Table 2 summarizes binary logistic regression analysis: Higher age, gestational comorbidity, and pregnant women's and their partner's psychiatric disorder history predicted depressive symptoms above the threshold.

**Image:**

| Variable | Frequance (%) |
|---|---|
| Previous abortus | 22 (20.8%) |
| Spontanous pregnancy | 103 (97.2%) |
| Smoking | 5 (4.7%) |
| Gestational comorbidity | 30 (28.3%) |
| Medical comorbidity (other than gestational) | 28 (26.4%) |
| Edinburgh Postpartum Depression Scale ≥9 | 14 (13.2%) |
| Previous psychiatric disorder | 19 (17.9%) |
| Family history of pychiatric disorder | 34 (32.1%) |
| Partner's previous psychiatric disorder | 10 (9.4%) |

Table 1. Sociodemographic and clinical characteristics (n=106)

**Image 2:**

| Variable | B | Odd's ratio | 95% CI Lower | 95% CI Upper | p |
|---|---|---|---|---|---|
| Age | 0.277 | 1.320 | 1.087 | 1.602 | 0.005 |
| Gestational comorbidity (reference: none) | 2.392 | 10.931 | 1.754 | 68.108 | 0.010 |
| Women's previous psychiatric disorder (reference: none) | 2.944 | 19.001 | 3.305 | 109.232 | 0.001 |
| Partners' previous psychiatric disorder (reference: none) | 2.806 | 16.536 | 2.402 | 113.815 | 0.004 |
| Nagelkerke $R^2$= 0.516 Omnibus $\alpha^2$=34.793 (p<0.001), Hosmer & Lemeshow $\alpha^2$=1.329 (p=0.988) | | | | | |
| Dependent variable: Depressive symtomatology (Edinburgh Postnatal Depression Scale score ≥9) | | | | | |

Table 2. Predictors of depressive symtomatology requiring clinical attention in pregnant women

**Conclusions:** Our study reveals well-known risk factors for pregnancy depression and a new finding: expectant fathers' mental health history predicts actual depressive symptomatology in pregnant women. Fathers should be included in perinatal mental health care. Prevention programs targeting peripartum depression should cover fathers' mental health.

**Disclosure of Interest:** None Declared

## EPP1088

### COVID-19 and Mental Health: Psychological Impact of the Pandemic on Women during Pregnancy and Puerperium

M. Cerioli[1]*, R. Cafaro[1], F. Giorgetti[1], A. Colombo[2] and B. M. Dell'Osso[1,3,4]

[1]Department of Biomedical and Clinical Sciences "Luigi Sacco", University of Milan, Milan; [2]Department of Psychiatry, ASST Fatebenefratelli-Sacco, Milano, Italy; [3]Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford, CA, United States and [4]CRC "Aldo Ravelli" for Neurotechnology and Experimental Brain Therapeutics, University of Milan, Milan, Italy
*Corresponding author.

**Introduction:** The COVID-19 pandemic has taken a great toll on world population in the last 2 years across different groups. Women in pregnancy and in the perinatal period are especially vulnerable to sources of stress, with repercussions on their own mental health and on the wellness of the newborn.

**Objectives:** We aimed at assessing the impact of COVID-19 related stress on women's psychosocial status and evaluate the potential development of anxiety or depressive symptoms in our cohort.

**Methods:** From March 2020 to November 2020, our hospital was appointed as an HUB for treating pregnant women positive for Sars-CoV-2 infection. Sociodemographic and clinical data were collected, and patients were delivered different self-report psychometric tests such as the GHQ-12, CD-RS, MSPSS, UCLA-8, ISI, IES-6 and DASS-21. We identified two main types of stressors in our population. Being diagnosed with a pregnancy complication, having an ectopic pregnancy or a spontaneous abortion were identified as pregnancy-related stressors. On the other hand, infections or deaths among partners or relatives were defined as covid-related stressors. Scale scores were compared considering main sociodemographic data and possible stressors, both pregnancy-related and covid-related, that may affect women's mental health. Fisher exact test, Chi square Test and Student's T test were used when appropriate.

**Results:** Among 98 women with complete data at baseline, 21,3% suffered from at least mild anxiety, 21% suffered from at least mild depression, and 41% experienced at least mild stress according to the DASS-21 scale. Moreover, 26,4% reported PTSD symptoms according to the IES-6 scale. Women who experienced a stressor were more likely to report psychiatric symptoms, even more so when exposed to a pregnancy-related stressor. Being Caucasian, a personal psychiatric history or a familial psychiatric history correlated with scoring positive to a higher number of scales. Regarding DASS-21, high total scores in this scale correlated with being Caucasian and having had previous deliveries. More specifically, being Caucasian, older age, previous deliveries and a positive psychiatric history correlated with a higher score in the depression subscale. A positive psychiatric history and a familial psychiatric history correlated with higher scores in the anxiety subscale, while being hospitalized at a late gestational age correlated with lower scores in this section. Scoring above the cut-off of the DASS stress subscale correlated with a positive psychiatric history, a positive familial psychiatric history, being Caucasian, and with an older age of the women in the sample.

**Conclusions:** Our results underline the burden of the COVID-19 pandemic on women in pregnancy and in the perinatal period. Tailored interventions should be staged to provide adequate care to this particularly sensitive population, for the wellbeing of both the mother and the child.

**Disclosure of Interest:** None Declared